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Bib Data Sheet

CONFIRMATION NO. 3686

<b>SERIAL NUMBER</b> 09/879,854	<b>FILING OR 371(c) DATE</b> 06/12/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 18085.105093
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**APPLICANTS**  
 Raymond F. Schinazi, Decatur, GA;  
 Jean-Pierre Sommadossi, Birmingham, AL;  
 Gilles Gosselin, Montpellier, FRANCE;  
 Jean-Louis Imbach, Montpellier, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/112,878 07/09/1998 PAT 6,245,749 which is a CON of 08/485,716 06/07/1995 ABN ✓  
 which is a CIP of 08/320,461 10/07/1994 ABN ✓

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 08/09/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

**ADDRESS**  
 Sherry M. Knowles, Esq.  
 King & Spalding  
 191 Peachtree Street  
 Atlanta, GA30303

**TITLE**  
 Nucleosides with anti-hepatitis B virus activity

<b>FILING FEE RECEIVED</b> 1104	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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